PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I													
(Column 1) (Column 2)									SMALL ENTITY TYPE				R THAN ENTITY
TOTAL CLAIMS								7	RATE	FEE	701	RATE	
FOR				NUMBER FILED		NUMBER EXTRA		1	BASIC F			BASIC FEI	FEE 300.00
TOTAL CHARGEABLE CLAIMS				minus 20=		*		1	X\$ 25:		OF		
INDEPENDENT CLAIMS				minus 3 =		• _		1	X100=	+	7	You	
MULTIPLE DEPENDENT CLAIM PI				RESENT			П	1	X100=	<u> </u>		X200=	ļ
* If the difference in column 1 is				less than zero, enter "0" in			column 2	ال.	+180=		OF	+360=	
	!								TOTAL	·	OF	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS - HIGHEST)	SMALE	ENTITY	OR	OTHER SMALL	
AMENDMENT A	62105	REMA AF	NNING TER DMENT	-	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE]	RATE	ADDI- TIONAL FEE
ENO.	Total	1	<u>2</u>	Minus	- 2	<u> </u>	=		X\$ 25=		OR	X\$50=	
AM	Independent FIRST PRESI	* ENTATIO	N OF ML	Minus	PENDENT	S CLAIM	-	[X100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+360=	· · · · ·
							•	L	TOTAL		OR	TOTAL	
		(Colu	mn 1)		(Colum	n 2)	(Column 3)		DDIT. FEE	<u> </u>		ADDIT. FEE	
8		CLA REMA	_		HIGHE	ST	(Coldital O)) r		ADDI	1		155
AMENDMENT B		AFT AMEND	ER		NUMBI PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	** ;		=	ļſ	X\$ 25=		OR	X\$50=	
AM	Independent	*		Minus	***		=		X100=		OR	X200=	
	FIRST PRESE	MIAHON	OF MUI	LIPLE DEF	ENDENT	CLAIM		▎├	+180=				
											OR	+360=	
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		(Colun			(Column		(Column 3)	,		•			
AMENDMENTC	· · · · · · · · · · · · · · · · · · ·	REMAII AFTE AMENDI	NING R		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		1inus	**	ĺ	=	5	(\$ 25=			X\$50=	
	Independent	*		Ainus	***	- 1	=	⊢	K100=		OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X200=	
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+360=].
11	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." A										OR A	TOTAL DDIT. FEE	
T	he "Highest Numb	per Previou	isly Paid F	For (Total or	independent)	is the h	o, enter "3." ighest number			ropriate box	in colu	mn 1,	